

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13614

1. PLACE OF DEATH

County.....
 Township.....
 City *St Louis*

Registration District No. *791*

Primary Registration District No. *1903*

File No.

Registered No. *3954*

St. Ward)

2. FULL NAME

(a) Residence. No. *3144 Franklin* St., *21* Ward.
 (Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec 21-1864*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 4 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Labor*
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Bloomfield*
 (STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *Lorenzo King*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Bloomfield*
 (STATE OR COUNTRY) *Missouri*

12. MAIDEN NAME OF MOTHER *Hannah Hubert*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Bloomfield*
 (STATE OR COUNTRY) *Missouri*

14. INFORMANT *Sampra Butler*
 (Address) *3144 Franklin*

15. *APR 26 1927*
 FILED *Mar 6 Starkoff*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *4-22-1927*

17. I HEREBY CERTIFY, That I attended deceased from *24*
Mch. 19*27* to *April 22* 19*27*
 that I last saw him alive on *April 16 PM* 19*27*, and that death occurred, on the date stated above, at *10 PM* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

91 Acute Edema of the
11th
57B

CONTRIBUTORY (SECONDARY) *Ch. Rheumatism*
 (duration) yrs. mos. ds. *No record*

18. WHERE DISEASE CONTRACTED *at home*
 IS NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? *No* DATE OF

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *Ordinary*
 (Signed) *Carroll Rush* M. D.
 , 19 (Address) *2105 1/2 Market*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Greenwood* DATE OF BURIAL *4/26 1927*

20. UNDERTAKER *Cow Roberts Ind Co* ADDRESS *3035 Lucas*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORDING INSTRUMENT THIS IS A PERMANENT RECORD

